

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/698-1043  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51								
2		1		1			52								
3		1		1			53								
4		1		1			54								
5		1		1			55								
6		1		1			56								
7		1		1			57								
8		2		1			58								
9		2		1			59								
10		2		1			60								
11		2		1			61								
12		2		1			62								
13		2		1			63								
14		2		1			64								
15		2		1			65								
16		2		1			66								
17		2		1			67								
18		2		1			68								
19		2		1			69								
20		2		1			70								
21		2		1			71								
22	1		1				72								
23		1		1			73								
24		1		1			74								
25		1		1			75								
26		1		1			76								
27		1		1			77								
28		1		1			78								
29		2		1			79								
30		2		1			80								
31		2		1			81								
32		2		1			82								
33		2		1			83								
34		2		1			84								
35		2		1			85								
36		2		1			86								
37		2		1			87								
38		2		1			88								
39		2		1			89								
40		2		1			90								
41		2		1			91								
42		1		1			92								
43		1		1			93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2		2				TOTAL IND.								
TOTAL DEP.	69		31				TOTAL DEP.								
TOTAL CLAIMS	69		33				TOTAL CLAIMS								